Application or Docket Nu

	Effective October 1, 2003										LIE OYTB					
	CLAIMS AS FILED - PART I															
	TOTAL CL	•		(Column 1)			olumn 2)	ا	SMA TYPE	LLEN			OR SMA		R THA	N TY
	FOR			NUMBER FILED				4	<b>—</b>	TE	FEE		_	ATE	FE	_
l	TOTAL CHA	OTAL CHARGEABLE CLAIMS			<del></del>	NU •	MBER EXTRA	4	BASIC		385.0	0	OR BAS	IC FE	F 770	00
	INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PR			20 minus 20=			<del>.                                    </del>	+	XS 9				OR X	18=		
I								-	X43	3=			OR X	86=	·	
•	If the differen	ence in column	zero, enter	enter "0" in column 2			+145			Jo	)R +2	90=				
	CLAIMS AS AMENDED - PART II									AL L		Jo	R TO	TAL	22	v
T.	,]	(Column 1)			(Column 2) (Column 3)				SMA	LLEN	TITY	O	OT R SM	HER ALL I	THAN	,
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	(Column 1) (Column 2) (Column 3)									E		OR	ADDIT.	TAL		
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	•			TOTAL T. FEE			A P	TOTA DDIT, FE	ŧ							
T	`	(Column 1) CLAIMS REMAINING		•	(Column 2 HIGHEST	) (	Column 3)				·		:		•	
		AFTER AMENDMENT	1		NUMBER PREVIOUSLY PAID FOR	v	PRESENT EXTRA	RA	TE.	ADD TION	AL	1	RATE		DDI- DNAL	
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-	INGI PHESE	NIATION OF M	ULTIPLE	LE DEPENDENT CLAIM					X43=		_ oi	٦L	X86=		<u> </u>	
the entry in column 1 is less than the entry in column 2, write "0" in column 3.  1 the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  1 TOTAL											OF	٠]	+290=			
H W	e "Highest Nur	wher Produces o	old Same	1712 SI	ACE is less t	han 20	, enter "20."		FEE _	•	OF	AD	TOTAL			
		ber Previously Pa	(100	u undi	ependent) is t	ne higi	test number for	ınd in t	e eppn	opriate	box in c	olum	ก 1.		1	